MDR Tracking Number: M5-04-0606-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 9-15-03.

The IRO reviewed office visits, joint mobilization, medical reports, manual muscle test, (hand and total body), unlisted cardiovascular service, and muscle testing from 9-18-02 through 3-27-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO concluded that the office visits, joint mobilization, medical reports, manual muscle test, (hand and total body), unlisted cardiovascular service, and muscle testing from 9-18-02 through 2-13-03 were medically necessary. The IRO agreed with the previous determination that the office visits, joint mobilization, medical reports, manual muscle test, (hand and total body), unlisted cardiovascular service, and muscle testing from 2-18-02 through 3-27-03 were not medically necessary. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor $460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11-25-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Max. Allowable Reimbursement)	Reference	Rationale
9-23-02	99213 97265	$95.00	$0.00	No EOB	$48.00 $43.00	133.307(g)(3)(A-F)	Daily note supports delivery of service. Recommend reimbursement of $48.00 + $43.00 = $91.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Max. Allowable Reimbursement)	Reference	Rationale
10-4-02	97750-FC (4)	$400.00	$0.00		$100.00 per hr		FCE Report supports delivery of service. Recommend reimbursement of $400.00.
10/21/02	99215 97265 E0745-P	$645.00	$0.00		$103.00 $43.00 DOP		Relevant information was not submitted to support delivery of service. No reimbursement recommended.
2-4-03	97750-FC (2) 95832 hand (2) 95851 93799 (unlisted cardiovascular service) 99090	$600.00	$0.00	F – included in another billed procedure	$100.00 per hr $45.00 (w/ or w/o comparison) $36.00 DOP $108.00	133.307(g)(3)(A-F)	97750-FC and 93799. FCE report supports delivery of service. Recommend reimbursement of $200.00 + $122.00 = $322.00. 95832 and 95851 are included in the billing of an FCE. No additional reimbursement recommended. No relevant information was submitted to support delivery of service for 99090. No reimbursement recommended.
TOTAL		$1,740.00	$0.00				The requestor is entitled to reimbursement of $813.00.

The above Findings and Decision is hereby issued this 20th day of February 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at

the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 9-18-02 through 2-13-03 in this dispute.

This Order is hereby issued this 20th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

November 19, 2003
Amended November 24, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-04-0606-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient reported injuries to her upper extremities, wrists and hand that occurred from repetitive packing and taping on or about ___. The patient presented to multiple physicians and chiropractors including hand specialist ___, ___, ___, ___, ___ and ___ for these conditions, Chiropractic notes were provided from several different doctors from 8/30/02 through 3/27/03 suggesting a diagnosis of carpal tunnel syndrome and cervical nerve root plexus disorder. Chiropractic treatment consisted of manipulation, mobilization and multiple passive and active modalities. The patient was seen by ___ for medical assessment on 8/21/02 suggesting tendonitis of the carpal tunnel vs. cervical radiculopathy from repetitive motion. Medications, splints, rest and a needle EMG study were ordered.

There was an 11/5/02 evaluation by hand specialist ___ suggesting that x-rays were essentially normal, but there were some positive Tinel's signs and positive median nerve compression signs suggestive of bilateral carpal tunnel syndrome with medial arm strain. Conservative care was recommended to include patient education, modification of activities, resting night splints and anti-inflammatory medication. Further treatments with cortisone injections were recommended if symptoms persisted. At least one injection appears to have been performed with reduction of symptoms noted. A chiropractic FCE was performed on 10/4/02 and again on 2/4/03 and 3/27/03. A neuromuscular stimulator was prescribed on 10/21/02. A designated doctor evaluation was performed on 2/13/03 by ____. It was suggested that the patient had achieved MMI with 0% residual impairment from these conditions. As of this date, all elecrodiagnostic studies were found to be within normal limits with no clinical signs of CTS are noted on examination.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits 99213, joint mobilization 97265, medical report 99080-73, manual muscle test 95832, manual muscle testing 95834, unlisted cardiovascular service 93799, and muscle testing 97750-MT from 9/18/02 through 3/27/03.

DECISION

The reviewer disagrees with the prior adverse determination for treatments and testing through the date of 2/13/03.

Services provided beyond 2/13/03 are not found to be medically necessary.

BASIS FOR THE DECISION

Available documentation does suggest that conservative care and testing for these disorders was reasonably appropriate from the date of injury until the DD evaluation of 2/13/03. Beyond that date there appears to be no clinical medical necessity for ongoing chiropractic treatments and testing. As of 2/13/03, the date of the designated doctor evaluation, there were no objective signs or positive clinical finding supporting ongoing treatment or testing.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,